Lakeview Dental Assisting Action Form

□Check this box! "Yes, I want a new dental assisting job FAST, so I'd like to be in your next 10 Saturday job training session. I understand that without this type of dental office job training, my chances of getting a great new job in a professional setting are extremely slim. After your school, it should be easier!

Please print everything in block capitals, except signature

PERSONAL

Name_____
Last First M.I. Maiden

Address_____
Street City State Zip

Home Phone (____) _____ Cell (____) _____

Email address_____

Date of Birth ___/____/_____ SS #_____-_____-_____

EDUCATION

I have graduated from High School □Yes □ No If Yes, Month and Year____/____

I have a GED Certificate □Yes □No If Yes, Month and Year____/_____
I have included a copy of my High School/ GED Certificate □ Yes □ No

METHOD OF PAYMENT

I have selected the following payment option for the Dental Assisting Course:

□**$3,275.00 Payment in full (ENCLOSED) I want to pay it all now.** This is my cheapest option overall.

□ **$800.00 Down Payment (ENCLOSED),** then $300.00 on each of the first 9 classes.
Payments are due at the beginning of **each** class.
Total investment $3,500

□ **$640.00 Down Payment (ENCLOSED),** then $325.00 on each of the first 9 classes
Payments are due at the beginning of **each** class
Total cost: $3,565

*A **$640.00 minimum down payment** is required with this application to reserve your place in the upcoming class.*

Please complete the following to reserve a place in our next class:

□ Payment in Full ($3,275) **(ENCLOSED)**

□ $800 down payment **(ENCLOSED)**

□ $640 down payment **(ENCLOSED)**

□ Personal Check enclosed for $_____ □ Money Order enclosed for $_____

□ MasterCard □Visa Credit Card #_____

Name on Credit Card _____ Expiration Date_____

Cardholder Signature:_____ 3- Digit SecC ode_____

Card Billing Address:_____
Zip_____

Send Payment & Registration to: Lakeview Dental Assisting, P.O. Box 80, Livonia NY 14487
(585) 346-3028 **www.livoniasmiles.com**